



University of North Carolina Wilmington

Housing Request for Documented Medical/Behavioral Health Concerns

Student Information:

Name _____ Date of Birth _____
 Email _____ Student ID _____
 Address _____
 City, State, Zip _____
 Phone _____

This form is used for the purpose of determining eligibility for a housing request based on medical and/or psychiatric care and treatment. If your request is based on a documented disability, please follow the procedure through the Disability Resource Center at (<https://uncw.edu/disability/forms/drc-forms.html>) or call 910-962-7555.

I hereby authorize _____ to release/discuss the information below.

Signature of Student: _____ Date: _____

TO BE COMPLETED BY LICENSED HEALTHCARE PROVIDER

Diagnostic Information (Include ICD-10 and/or DSM-5-TR diagnosis as applicable):

1. Primary Diagnosis: _____
2. Secondary Diagnosis: _____
3. Date of Diagnosis: _____
4. Date of your last contact with the student: _____
5. Please describe the current symptoms of this diagnosis and your on-going relationship regarding the student's treatment plan.

6. How will the student's condition be impacted by your (the treatment provider's) recommendation?



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7. Please state specific recommendations regarding the use of campus housing or the dining facilities directly related to the student’s diagnosis/treatment plan. Housing and dining changes are based on medical needs and not personal preferences. Student may be asked to meet with campus dining, dietician, or medical personnel as a part of the review process.

Additional Information and Provider Credentials:

Please attach any additional documentation that you believe to be relevant (e.g., treatment records, psychological assessment, neuropsychological test results). This information will become a part of your medical record.

Signature _____ Date _____
Print Name and Title _____
Agency Name _____
Address _____
City, State, Zip _____
Phone _____

Return form to:

UNCW
Abrons Student Health Center
601 S. College Road, Box 5985
Wilmington, NC 28403

Phone: 910-962-3280
Fax: 910-962-4130 (Attn: Housing Request)
Email: StudentHealthCenter@uncw.edu

For UNCW Office Use Only

DRC SHC Counseling
 Approved Denied

Communicated to Housing Yes No Email Verbal (Phone/In-Person)
Communicated to Student Yes No Email Verbal (Phone/In-Person)

Date: _____ Signature: _____

Additional Notes:

